

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">10/567577</div>	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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50												
Total Indep	1											
Total Depend	19											
Total Claims	20											
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